

SERIAL NUMBER <p style="text-align: center;">09/364,959</p>	FILING DATE <p style="text-align: center;">07/30/99</p>	CLASS <p style="text-align: center;">345 358</p>	GROUP ART UNIT <p style="text-align: center;">2745 2626</p>	ATTORNEY DOCKET NO. <p style="text-align: center;">690-008568-U</p>
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APPLICANT

KEN HAYWARD, BROCKPORT, NY; MARC J. KROLCZYK, ROCHESTER, NY; DAWN M. MARCHIONDA, MARION, NY; THOMAS L. WOLF, WEBSTER, NY; JAMES S. LAIRD, PENFIELD, NY.

None

****CONTINUING DOMESTIC DATA*******

VERIFIED

R

None

****371 (NAT'L STAGE) DATA*******

VERIFIED

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None

****FOREIGN APPLICATIONS*******

VERIFIED

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None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/18/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <p style="text-align: center;">NY</p>	SHEETS DRAWING <p style="text-align: center;">8</p>	TOTAL CLAIMS <p style="text-align: center;">26</p>	INDEPENDENT CLAIMS <p style="text-align: center;">4</p>
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ADDRESS

MARK F HARRINGTON
PERMAN AND GREEN LLP
425 POST ROAD
FAIRFIELD CT 06430

TITLE

IMAGE TRANSFER SYSTEM

FILING FEE RECEIVED <p style="text-align: center;">\$946</p>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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